

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

8465

0460

FILED MAR 17 1950

BIRTH NO. .... REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Howell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brandsville</u>		c. LENGTH OF STAY (in days) <u>42</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brandsville</u> 0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Howell Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>Ann</u> c. (Last) <u>Manning</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-4-1950</u>		
5. SEX <u>7</u>		6. COLOR OR RACE <u>Wht</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	
8. DATE OF BIRTH <u>Apr. 22, 1883</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Days <u>9</u> Hours <u>12</u>	
11. BIRTHPLACE (State or foreign country) <u>Yellowville Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>			
13a. FATHER'S NAME <u>unk</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>		14. NAME OF HUSBAND OR WIFE <u>L. B. Manning</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L. B. Manning Brandsville</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary of Heart</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis to believe com</u>					
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION					
19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-24, 1950</u> , to <u>2-4, 1950</u> , that I last saw the deceased alive on <u>2-4</u> , 19 <u>50</u> , and that death occurred at <u>12:05 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. Cooper</u> M.D.		23b. ADDRESS <u>Raymond</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>2</u>		24b. DATE <u>2-8-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Brandsville Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beatrice Cook 379, Lakeview West Plains Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-15-50</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1912 P. 2 B 1350

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leah J. Shapiro

Licensed Embalmer No. 4547

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.